

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/26/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/14/2005
NAME OF PROVIDER OR SUPPLIER SEARCY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 SKYLINE DRIVE SEARCY, AR 72143		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 312} SS=E	<p>483.25(a)(3) ACTIVITIES OF DAILY LIVING</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and record review, the facility failed to ensure incontinent care was provided in manner to prevent the potential for urinary tract infections for 3 (Resident #3, 6 and 8) of 10 case mix residents (Residents #1, 2, 4, 5, 7, 9, 10, 11, 12 and 15) who were incontinent. This failed practice had the potential to effect 107 residents who incontinent of urine as documented on the Resident Census and Conditions of Residents form dated 10/10/05. The findings are:</p> <p>1. Resident #6 had diagnoses of Non-Insulin Dependent Diabetes Mellitus, Arthropathy and Osteoporosis. The MDS (Minimum Data Set) dated 8/6/05 documented, the resident was moderately impaired in cognitive skills for daily decision-making, dependent on staff for personal hygiene and incontinent of bowel and bladder.</p> <p>a. On 10/11/05 at 2:00 p.m., Certified Nursing Assistant (CNA) #4 provided incontinent care. The wash basin contained Derma-Cen Freesia Shampoo/Body Wash. CNA #4 sprayed the resident with Derma-Cen non rinse peri wash across the perineum area and used a soapy towel from the wash basin to wash the top of the perineal area, down each groins, and down the middle external area. The resident's labia was not separated and washed and the soap was not rinsed off of the resident.</p>	{F 312}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 312}	Continued From page 1 2. Resident #8 had diagnoses of Urinary Tract Infection, Insulin Dependent Diabetes Mellitus, and Nutrition Deficiency. The MDS dated 9/23/05 documented the resident was severely impaired in cognitive skills for daily decision-making, dependent on staff for personal hygiene and incontinent of bowel and bladder. a. On 10/11/05 at 2:40 p.m., CNA #3 provided Foley and incontinent care. The basin of water contained water Derma-Cen Freesia Shampoo/Body Wash and there was also a bottle of non rinse periwash on the bedside table. CNA #3 washed the Foley catheter with the soapy towel from the basin using downward strokes, washed the resident's groin areas on each sides, wiped the middle external genitalia, turned the resident over and washed the rectal area and buttocks. The Derma-Cena Body/Shampoo wash was not rinsed off the resident's skin and the resident's labia was not separated and washed. 3. The facility's Policy/Procedure for Perineal Care documented, "Steps in procedure for female resident: a. Wet washcloth and apply soap or cleansing agent. b. Wash perineal area, wiping from front to back. c. Separated labia and wash downward from front to back (Note: If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter about 3 inches. Gently rinse and dry the area.) d. Continue to wash the perineum moving from	{F 312}			

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{F 312}	Continued From page 2 inside outward to and including thighs, alternating from side to side and using downward strokes. e. Rinse perineum thoroughly in same direction, using fresh water and clean washcloth. f. Gently dry perineum." 4. The label on the Derma-Cen Freesia Shampoo/Body Wash documented, "Directions for use as Body/Wash: Apply to wet wash cloth, gently message into skin, then rinse with clear water." 5. Resident #3 had diagnoses of Alzheimer's Disease and Osteoporosis. The Quarterly MDS dated 9/8/05 documented the resident was severely impaired in cognitive skills for daily decision making, dependent of staff for personal hygiene and incontinent of bowel and bladder. a. On 10/11/05 at 9:30 a.m. CNA #1 and 2 provided incontinent care. CNA #1 did not cleanse the Mons Pubis and stated that it is only washed on shower days because it is too uncomfortable for the resident due to her contractures. After incontinent care was completed, CNA #2 applied Lantiseptic cream to the resident's rectal area then applied it to the resident's left buttock with the same gloved hand.	{F 312}			
{F 318} SS=E	483.25(e)(2) RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further	{F 318}			

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{F 318}	<p>Continued From page 3</p> <p>decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and record review, the facility failed to ensure hand rolls were provided for 1 (Resident #3) of 4 case mix residents (Resident #1, 10, 11 and 15) who had contractures. This failed practice had the potential to affect 63 residents who had contractures as documented on the Resident Census and Conditions of Residents form dated 10/10/05. The findings are:</p> <p>Resident #3 had diagnoses of Alzheimer's Disease and Osteoporosis. The Quarterly Minimum Data Set dated 9/8/05 documented the resident was severely impaired in cognitive skills for daily decision making, required total staff performance of 2-3 staff for activities of daily living, and had contractures to both upper and lower extremities.</p> <p>a. Occupational Therapy Discharge Note dated 8/30/05 documented "Orthotic Mgmt (management), for [decreased], risk of further contracture and for good skin integrity. PT (patient), tolerating well B (bilateral), hand rolls. Wearing procedure and schedule FMP (functional maintenance program), in place. Staff training completed."</p> <p>b. A physician order dated 8/30/05 documented, "Use program for positioning that therapy has put in place."</p> <p>c. On 10/11/05 at 9:30 a.m., 12:00 p.m. and 2:50 p.m., and on 10/12/05 at 8:22 a.m., there was no</p>	{F 318}			

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{F 318}	Continued From page 4 hand roll in the resident's right hand.	{F 318}			
{F 326} SS=D	<p>483.25(i)(2) NUTRITION</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and record review, the facility failed to ensure that the correct therapeutic diet was served to 1 of 1 case mix (Resident #12) resident who had renal failure. This failed practice had the potential to affect only the 1 resident who had an order for a renal diet according to the Dietary Manager on 10/13/05. The findings are:</p> <p>Resident #12 had a diagnosis of End Stage Renal Disease</p> <p>a. A physician order dated 9/12/05 documented Renal Diet.</p> <p>b. On 10/11/05 the menu for the Renal Diet lunch documented white bread 1/2 slice, LSR (Low Salt Renal) pudding and 1/2 cup Renal drink. At 12:03 p.m., the resident was served 1 whole roll, 8 ounces of tea, 8 ounces of water and regular diet pudding prepared with milk.</p> <p>c. On 10/12/05, the Renal Diet menu for the breakfast meal documented 1/2 cup of whole milk. At 8:19 a.m., the resident was served 8 ounces of whole milk instead of the 1/2 cup (4</p>	{F 326}			

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{F 326}	Continued From page 5 ounces).	{F 326}			
{F 364} SS=E	<p>d. On 10/12/05, the Renal Diet menu for the noon meal documented 1/2 cup of Renal drink and 1/2 slice of bread. At 1:00 p.m., the resident was served 8 ounces of tea, 8 ounces of water, and a 1 whole roll.</p> <p>483.35(d)(1)-(2) FOOD</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure prepared foods were flavorful, attractive and served at the proper temperature. This failed practice had the potential to affect 164 residents who received foods from the kitchen according to the Resident Census and Conditions of Residents form dated 10/10/05. The findings are:</p> <p>1. On 10/11/05 at 11:30 a.m., the surveyor tasted the regular and pureed food on the steam table that consisted of chicken, candied yams and California blend vegetables. The pureed chicken was pulled, boiled chicken instead of seasoned, baked chicken. The pureed candied yams were bland to the taste, while the regular candied yams were seasoned with butter and brown sugar. The pureed California vegetables were bland to the</p>	{F 364}			

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{F 364}	Continued From page 6 taste, while the regular California vegetables were seasoned. The cook was asked the difference between the preparation of the regular and pureed diets. She said that she prepared them separate. 2. On 10/11/05 at 12:50 p.m., the temperatures of the second front feeder cart registered 115 degrees and below when tested with a thermometer. At the group meeting on 10/11/05 at 3:00 p.m., 5 alert and oriented residents stated that the food served on the halls were cold, and sometimes it is seasoned and sometimes it is not.	{F 364}		